

ANNUAL STATEMENT

FOR THE YEAR ENDING DECEMBER 31, 2016 OF THE CONDITION AND AFFAIRS OF THE

Blue Cross Complete of Michigan LLC

1	Life, Accident & I Dental Service C Other []			, State of Domic	ile or Port of Entry	Michigan		
Licensed as business type:	Dental Service C		Property/0	United States				
l	Dental Service C		Property/0					
		orporation []	-17	Casualty []	Hospital, Medical & Denta	l Service or Indemnity []		
ı	Other []	orporation []	Vision Se	rvice Corporation []	Health Maintenance Orga	nization [X]		
			Is HMO,	Federally Qualified?	Yes[]No[X]			
Incorporated/Organized	1	2/18/2014		Commenced Busines	ss01/0	1/2003		
Statutory Home Office	100	Galleria Officent	re, Suite 210	,	Southfield, MI, U			
		(Street and Nun	nber)		(City or Town, State, Coun	try and Zip Code)		
Main Administrative Office				200 Stevens (Street and Nur				
Philade	elphia, PA, US 19	113		(Street and Nur	215-937-8000			
•	n, State, Country and Z	ip Code)			(Area Code) (Telephone Number)		
Mail Address		Officentre, Suite 2 Number or P.O. Box)	10		Southfield, MI, US 48 (City or Town, State, Country and			
Primary Location of Books an		tumber of 1 .C. Boxy		200) Stevens Drive	ZZIP GOGG)		
					treet and Number)			
	elphia, PA, US 19 n, State, Country and Z				215-937-8000 Area Code) (Telephone Number) (Exte	ension)		
Internet Web Site Address	, , ,	,		MiBlueCrossComplete.com				
Statutory Statement Contact		Paul Edward Ste	venson	,	248-663-799			
•	mibluecrosscom	(Name)		,	(Area Code) (Telephone Numl 248-663-7475			
psievensona	(E-Mail Address)	ipiete.com			(Fax Number)			
Name Steven Harvey Bohner	-	Title Treasurer	OFFI	CERS Nai	me ⁻ ootle, Esquire #_,	Title Secretary		
James Michael Jerniga		President		Nobelt Lawaid 1	, , , , , , , , , , , , , , , , , , ,			
	,		OTHER C	FFICERS				
Eileen Mary Coggins		DIRE James Michael Je		OR TRUSTEES Mark Robe		Lynda Marie Rossi		
Ada Nicole Smith #								
State ofPe	-	SS						
The officers of this reporting entity above, all of the herein described that this statement, together with liabilities and of the condition and and have been completed in accomay differ; or, (2) that state rules knowledge and belief, respectivel when required, that is an exact or regulators in lieu of or in addition to	y, being duly sworrd assets were the an related exhibits, so affairs of the said ordance with the NA or regulations requy. Furthermore, the copy (except for for	n, each depose and bsolute property of ichedules and expli- reporting entity as in its differences in re- escope of this attes matting differences	the said reporting anations therein of the reporting nt Instructions a eporting not relation by the de	ng entity, free and clear contained, annexed or period stated above, an and Accounting Practices ted to accounting practices escribed officers also inc	from any liens or claims thereon referred to, is a full and true st d of its income and deductions the and <i>Procedures</i> manual except it ces and procedures, according to ludes the related corresponding of	, except as herein stated, and atement of all the assets and herefrom for the period ended, to the extent that: (1) state law to the best of their information, electronic filing with the NAIC,		
Steven Harvey Treasure		I		d Tootle, Esquire retary		chael Jernigan esident		
Subscribed and sworn to beday of _	fore me this February, 20	17		b.	Is this an original filing? If no: 1. State the amendment num 2. Date filed 3. Number of pages attached			

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

EXTENSION AND THE PROPERTY OF					1	
1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
0199999 Total individuals						
Group subscribers:						
		1				1
						<u> </u>
0299997 Group subscriber subtotal	0	n	Λ	0	0	1 0
0299998 Premiums due and unpaid not individually listed						
0299999 Total group	n	n	<u> </u>	1	<u> </u>	1
0230909 Oranium due and ungaid from Medicare entities				1		
0399999 Premiums due and unpaid from Medicare entities	323,724	·	†	†	·	323,724
0499999 Fremiums due and unipaid nom vieuladid entities			1	_	1	323,724
0599999 Accident and health premiums due and unpaid (Page 2, Line 15)	323,724	1 0	1 0	1 0	1 0	323,724

EXHIBIT 3 - HEALTH CARE RECEIVABLES

	IIDII O - IILALIII OAI		1223	_		
Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
Pharmaceutical Rebate Receivables						
PerformRx, LLC.		237 ,619	237 ,620	461,296	461,296	712,858
0199999 - Pharmaceutical Rebate Receivables	237,619	237,619	237,620	461,296	461,296	712,858
Claim Overpayment Receivables	•	•				
Millennium Laboratories Inc.					173,948	1.947
QUEST DIAGNOSTICS INCORPORATED MI. OAKWOOD RENAL SERVICES.			5			0
OAKWOOD RENAL SERVICES.			43,724		43,724	0
NATERA INC.			22,146		11,732	20,697
MEDILODGE OF MILFORD.					12,719	0
ORCHARD TOXICOLOGY	11,896				11,896	0
ST JOSEPH MERCY CHELSEA	10,118				10,118	0
0299998 - Aggregate of amounts not individually listed above.	49,190	49,118	38,902		130,669	6,541
0299999 - Claim Overpayment Receivables	226,847	49,498	198,156	0	445,316	29,185
Other Receivables	· · · · · · · · · · · · · · · · · · ·	•	,		•	,
MICHIGAN DEPARTMENT OF COMMUNITY HEALTH.	1,307,418	2,832				1,310,250
0699999 - Other Receivables	1,307,418		0	0	0	1,310,250
		/**		-	-	,,
		ļ				
		ł				
		ł				
070000 Cross Health Care Description	4 774 004	289.949	435.776	404 000	906.612	2,052,293
0799999 Gross Health Care Receivables	1,771,884	289,949	435,776	461,296	906,612	2,052,293

EXHIBIT 3A – ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED

	Health Care Rece	eivables Collected		eivables Accrued 31 of Current Year	5	6
Type of Health Care Receivables	1 On Amounts Accrued Prior to January 1 of Current Year	2	3 On Amounts Accrued	4	Health Care Receivables in Prior Years (Columns 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
Pharmaceutical rebate receivables	877 , 340	1,019,488		1,174,154	877,340	827,815
Claim overpayment receivables	520,216	20,020,093		474,501	520,216	610,322
Loans and advances to providers					0	10,671
4. Capitation arrangement receivables					0	
5. Risk sharing receivables	2,236,581				2,236,581	2,778,150
6. Other health care receivables	1,887,939	14,241,849		1,310,250	1,887,939	536,862
7. Totals (Lines 1 through 6)	5,522,076	35,281,430	0	2,958,905	5,522,076	4,763,820

Note that the accrued amounts in columns 3, 4 and 6 are the total health care receivables, not just the admitted portion.

EXHIBIT 4 – CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

	Aging Analysis of Unpaid C	laims				
1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
Claims Unpaid (Reported)	1 30 Buys	01 00 Days	01 30 Days	31 120 Days	Over 120 Buyo	Total
						-
0199999 Individually listed claims unpaid	0	0	0	0	0	
0299999 Aggregate accounts not individually listed-uncovered	2E 024 062	244 260				25,278,33
0399999 Aggregate accounts not individually listed-covered	25,034,063 25,034,063	244,269 244,269	0	0	0	25,278,33
0499999 Subtotals 0599999 Unreported claims and other claim reserves	25,034,003	244,209	U	U	U	28,998,80
0699999 Total amounts withheld						20,990,00
0799999 Total claims unpaid						54,277,13
0899999 Accrued medical incentive pool and bonus amounts						2,393,45

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5	6	Adm	itted
						7	8
Name of Affiliate	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Current	Non-Current
	R .						
	············· ·· ····						
0199999 Individually listed receivables	0	0	0	0	0	0	0
0199999 Individually listed receivables	•		-			•	
0399999 Total gross amounts receivable	0	0	0	0	0	0	0

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1	2	1 2	1 4	5
Affiliate	Description	Amount	Current	Non-Current
			Current	Non-Current
AmeriHealth Caritas Health Plan.	Administrative services and other costs	5,019,948	5,019,948	
AmeriHealth Caritas Services, LLC	Staffing Services Agreement	578,726	578,726	
PerformRx, LLC	Drug Therapy Management Program	409,584	409,584	
Blue Care Network of Michigan, Inc.	Transitional administrative services	204,029	204,029	
AmeriHealth Caritas Services, LLC. PerformRx, LLC Blue Care Network of Michigan, Inc. QCC Insurance Company.	Staffing Services Agreement. Drug Therapy Management Program. Transitional administrative services. Administrative services.		70,000	
' '				
			-	
0199999 Individually listed payables		6,282,287	6,282,287	0
0299999 Payables not individually listed				
0399999 Total gross payables		6,282,287	6,282,287	0

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
Medical groups	2,031,436	0.4	110,590	63.6		2,031,436
2. Intermediaries	0	0.0		0.0		
3. All other providers		27 .2	170,927	98.3		155, 353, 407
Total capitation payments		27 .5	281,517	162.0	0	157, 384, 843
Other Payments:						
5. Fee-for-service	0	0.0	xxx	XXX		
Contractual fee payments	411,116,068	72.0	xxx	XXX	,	411, 116, 068
7. Bonus/withhold arrangements - fee-for-service		0.0	xxx	xxx		
Bonus/withhold arrangements - contractual fee payments	2,829,066	0.5	xxx	XXX		2,829,066
9. Non-contingent salaries		0.0	xxx	xxx		
10. Aggregate cost arrangements		0.0	xxx	XXX		
11. All other payments	0	0.0	xxx	xxx		
12. Total other payments	413,945,134	72.5	XXX	XXX	0	413,945,134
13. Total (Line 4 plus Line 12)	571,329,977	100 %	XXX	XXX	0	571,329,977

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

	EARIBIT 7 - PART 2 - SUMMART OF TRANSACTIONS		VIAILDIWILIE	3	
1	2	3	4 Average Monthly Capitation	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized
NAIC Code	Name of Intermediary	Capitation Paid	Capitation	Total Adjusted Capital	Control Level RBC
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			<u> </u>		<u> </u>
9999999 Totals			XXX	XXX	XXX

EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

	1	2	3	4	5	6
Description	Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
Administrative furniture and equipment						
2. Medical furniture, equipment and fixtures						
Pharmaceuticals and surgical supplies						
Durable medical equipment						
5. Other property and equipment						
6. Total	0	0	0	0	0	0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

Blue Cross Complete of Michigan LLC REPORT FOR: 1. CORPORATION

NAIC Group Code 00572 BUSINESS IN THE STATE OF	Michigan			DURING THE YEAR	2016			(LOCATION)	C Company Code	11557
AIC Group Code 003/2 BUSINESS IN THE STATE OF		Comprel	nensive						' '	
	1	(Hospital 8	Medical) 3	4	5	6	7	8	9	10
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	88,533								88,533	
2 First Quarter	132,237								132,237	
3 Second Quarter	148,514								148,514	
4. Third Quarter	162,458								162,458	
5. Current Year	173,816								173,816	
6 Current Year Member Months	1,776,267								1,776,267	
Total Member Ambulatory Encounters for Year:										
7. Physician	1 , 145 , 287								1,145,287	
8. Non-Physician	195,318								195,318	
9. Total	1,340,605	0	0	0	0	0	0	0	1,340,605	
10. Hospital Patient Days Incurred	86,597								86,597	
11. Number of Inpatient Admissions	16,862								16,862	
12. Health Premiums Written (b)	710,792,101								710,792,101	
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	710,792,101								710,792,101	
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	571,329,977								571,329,977	
18. Amount Incurred for Provision of Health Care Services	592,595,300								592,595,300	

(a) For health business: number of persons insured under PPO managed care productsand numb	ber of persons insured under indemnity only products
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⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Blue Cross Complete of Michigan LLC

2. ___

ALC Crown Code 00570 DUCINIESS IN THE STATE OF	Canadidated			DUDING THE VEAD	2016			(LOCATION)	AIC Company Code	11557
AIC Group Code 00572 BUSINESS IN THE STATE OF	Consolidated	Comprel	hensive	DURING THE YEAR :					' '	11557
	1	(Hospital 8		4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year		0	0	0	0	0	0	0	88,533	
2 First Quarter	132,237	0	0	0	0	0	0	0	132,237	
3 Second Quarter	148,514	0	0	0	0	0	0	0	148,514	
4. Third Quarter	162,458	0	0	0	0	0	0	0	162,458	
5. Current Year	173,816	0	0	0	0	0	0	0	173,816	
6 Current Year Member Months	1,776,267	0	0	0	0	0	0	0	1,776,267	
Total Member Ambulatory Encounters for Year:										
7. Physician	1,145,287	0	0	0	0	0	0	0	1,145,287	
8. Non-Physician	195,318	0	0	0	0	0	0	0	195,318	
9. Total	1,340,605	0	0	0	0	0	0	0	1,340,605	
10. Hospital Patient Days Incurred	86,597	0	0	0	0	0	0	0	86,597	
11. Number of Inpatient Admissions	16,862	0	0	0	0	0	0	0	16,862	
12. Health Premiums Written (b)	710,792,101	0	0	0	0	0	0	0	710,792,101	
13. Life Premiums Direct	0	0	0	0	0	0	0		0	
14. Property/Casualty Premiums Written		0	0	0	0	0	0		0	
15. Health Premiums Earned	710,792,101	0	0	0	0	0	0	0	710,792,101	
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	
Amount Paid for Provision of Health Care Services	571,329,977	0	0	0	0	0	0	0	571,329,977	
18. Amount Incurred for Provision of Health Care Services	592,595,300	0	0	0	0	0	0	0	592,595,300	

(a) For health business: number of persons insured under PPO managed care products 0_____and number of persons insured under indemnity only products 0____

Schedule S - Part 1 - Section 2 NONE

Schedule S - Part 2

NONE

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SCHEDULE S - PART 3 - SECTION 2

Dainauranaa Cada	Accident and Health Insurance Listed by I	Dainauring Campany on of Dag	ombor 24 Current Voor

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year													
					6	7			1			1	
1 1	2	3	4	5			8	9	10	Outstanding	Surplus Relief	13	14
NAIC			Name		Type of	Type of		Unearned	Reserve Credit	11	12	Modified	
Company	ID	Effective	of	Domiciliary	Reinsurance	Business			Taken Other than for		I	Coinsurance	Funds Withheld
Code	Number	Date	Company	Jurisdiction	Ceded	Ceded	Premiums	(Estimated)	Unearned Premiums	Current Year	Prior Year	Reserve	Under Coinsurance
				Julisulction	Ceueu	Ceueu	Fremiums	(LStillateu)	Joneanneu Fremiums	Cultelli Teal	FIIOI Teal	Reserve	Officer Consularice
	Jount - Authorized	- NOII-AITITIALE	es - U.S. Non-Affiliates	TV	1 001.11.11	T 110	4 070 470						
60739	/4-0484030	01/01/2016	AMERICAN NATL INS CO	ТХ	SSL/1/A	MC	1,379,179						
0899999 -	· General Account	– Authorized – N	on-Affiliates - U.S. Non-Affiliates				1,379,179	0	0	0	0	0	0
1099999 -	General Account	- Authorized - N	lon-Affiliates – Total Authorized Non-Affiliates				1,379,179	0	0	0	0	0	0
1199999 -	General Account	- Authorized - T	otal General Account Authorized				1,379,179	0	0	0	0	0	0
3499999 -	General Account	- Total General	Account Authorized, Unauthorized and Certified				1,379,179	0	0	0	0	0	0
6999999 -	· Total U.S. (Sum	of 0399999. 0899	999, 1499999, 1999999, 2599999, 3099999, 3799999	. 4299999 . 4899999 .	5399999 . 5999999 and	6499999)	1,379,179	0	0	0	0	0	0
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Schedule S - Part 4

Schedule S - Part 5

SCHEDULE S - PART 6

Five-Year Exhibit of Reinsurance Ceded Business (000 Omitted)

	1 1	Omitted) 2	3	4	5
	2016	2015	2014	2013	2012
A. OPERATIONS ITEMS					
1. Premiums	0	0	0	0	0
2. Title XVIII-Medicare	0	0	0	0	0
3. Title XIX-Medicaid		4,092	3,196	428	339
Commissions and reinsurance expense allowance		0	0	0	0
Total hospital and medical expenses		(1,345)	3,592	2,376	312
B. BALANCE SHEET ITEMS					
Premiums receivable		0	0	0	0
7. Claims payable		250	2,869	1,714	173
Reinsurance recoverable on paid losses					
Experience rating refunds due or unpaid		0	0	0	0
Commissions and reinsurance expense allowances due					0
11. Unauthorized reinsurance offset					0
12. Offset for reinsurance with Certified Reinsurers					
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F)	0	0	0	0	0
14. Letters of credit (L)	0	0	0	0	0
15. Trust agreements (T)	0	0	0	0	0
16. Other (O)	0	0	0	0	0
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust	0	0	0	0	0
18. Funds deposited by and withheld from (F)	0	0	0	0	0
19. Letters of credit (L)	0	0	0	0	0
20. Trust agreements (T)	0	0	0	0	0
21. Other (O)	0	0	0	0	0

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

		1	2	3
		As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
	ASSETS (Page 2, Col. 3)			
1.	Cash and invested assets (Line 12)	151,605,233		151,605,233
2.	Accident and health premiums due and unpaid (Line 15)	323,724		323,724
3.	Amounts recoverable from reinsurers (Line 16.1)	0		0
4.	Net credit for ceded reinsurance	xxx	0	0
5.	All other admitted assets (Balance)	2,955,211		2,955,211
6.	Total assets (Line 28)	154,884,168	0	154,884,168
	LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7.	Claims unpaid (Line 1)	54,277,139	0	54 , 277 , 139
8.	Accrued medical incentive pool and bonus payments (Line 2)	2,393,456		2,393,456
9.	Premiums received in advance (Line 8)	0		0
10.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount).	0		0
11.				
12.				
13.				
14.				50,274,287
	Total liabilities (Line 24)		0	106,944,882
16.			XXX	47,939,286
	Total liabilities, capital and surplus (Line 34)	154,884,168	0	154,884,168
	NET CREDIT FOR CEDED REINSURANCE	101,001,100	0	101,001,100
18.		0		
	Accrued medical incentive pool.			
20.	Premiums received in advance			
21.	Reinsurance recoverable on paid losses	0		
22.				
23.	Total ceded reinsurance recoverables	0		
24.	Premiums receivable			
25.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		
26.	Unauthorized reinsurance	0		
27.	Reinsurance with Certified Reinsurers.			
28.	Funds held under reinsurance treaties with Certified Reinsurers	0		
29.	Other ceded reinsurance payables/offsets	0		
30.	Total ceded reinsurance payables/offsets	. 0		
31.	• •	0		

SCHEDULE T – PART 2 INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN

					siness Only		
States, Etc.		1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	6 Totals
1. Alabama							
2. Alaska	AK						
3. Arizona	AZ						
4. Arkansas	AR						-
5. California							-
6. Colorado	CO						-
7. Connecticut							-
8. Delaware							-
9. District of Columbia	DC						
10. Florida			-				-
11. Georgia	GA		-				-
12. Hawaii							-
13. Idaho							
14. Illinois	IL		-			·	·
15. Indiana	IN					·	-
16. lowa	JA		-			-	-
17. Kansas			-			-	-
18. Kentucky							
19. Louisiana	LA						
20. Maine			-			ļ	-
21. Maryland							
22. Massachusetts							
23. Michigan							
24. Minnesota	MN						
25. Mississippi							
26. Missouri	MO						.
27. Montana	MT						
28. Nebraska	NE						
29. Nevada							
30. New Hampshire							
31. New Jersey	NJ						
32. New Mexico	NM						
33. New York	NY						
34. North Carolina	NC						
35. North Dakota	ND						
36. Ohio	HO						
37. Oklahoma	OK						
38. Oregon	OR						
39. Pennsylvania	PA						
40. Rhode Island	RI		.				
41. South Carolina	SC		.				
42. South Dakota	SD						
43. Tennessee	TN						
44. Texas	XT		.				
45. Utah	T		.				
46. Vermont	VT						
47. Virginia	NA						
48. Washington	WA						
49. West Virginia	WV						
50. Wisconsin	WI						
51. Wyoming	WY						
52. American Samoa	AS						
53. Guam							
54. Puerto Rico							
55. US Virgin Islands							
56. Northern Mariana Islands							
57. Canada							
58. Aggregate Other Alien							
59. Totals		0	1	0	0	0	

1	2	3	4	5	6	7	8	Ι ο	10		12	13	14	15	16
Group Code	Z Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to		Type of Control (Ownership, Board, Management, Attorney-in-Fact,	If Control is Ownership Provide	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required?	*
00572	BC/BS of Michigan Mutual Insurance Co	54291	38-2069753				Blue Cross Blue Shield of Michigan Mutual Insurance Company	M1	RE.	State of Michigan	Legal			N	
00572	BC/BS of Michigan Mutual Insurance Co	00000	27-0521030				Accident Fund Holdings, Inc	M1	DS	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Ownership	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	N	
00572	BC/BS of Michigan Mutual Insurance Co		00-9789424				.AF Global Capital, Ltd	GBR	DS	Accident Fund Holdings, Inc	.Ownership	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company		
00572	BC/BS of Michigan Mutual Insurance Co	10166	38-3207001				Accident Fund Insurance Company	MI	DS	Accident Fund Holdings, Inc	.Ownership		Blue Cross Blue Shield of Michigan Mutual Insurance Company	N	
00572	BC/BS of Michigan Mutual Insurance Co	29157	39-0941450				United Wisconsin Insurance	WI	DS	Accident Fund Insurance Company of America	.Ownership	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	N	
00572	BC/BS of Michigan Mutual Insurance Co	12304	20-3058200				Accident Fund General Insurance	M1	DS	Accident Fund Insurance Company of America	Ownership		Blue Cross Blue Shield of Michigan Mutual Insurance Company	N	
00572	BC/BS of Michigan Mutual	12305	20-3058291				Accident Fund National	MI	DS	Accident Fund Insurance Company of America	.Ownership		Blue Cross Blue Shield of Michigan Mutual Insurance Company	N	
	BC/BS of Michigan Mutual		36-4072992				Third Coast Insurance Company	WI	DS	Accident Fund Insurance Company of America	Ownership.		Blue Cross Blue Shield of Michigan Mutual Insurance Company	N	
	BC/BS of Michigan Mutual		20-1117107				CompWest Insurance Company	CA	DS	Accident Fund Insurance Company of America	Ownership		Blue Cross Blue Shield of Michigan Mutual Insurance Company	, , , , , , , , , , , , , , , , , , ,	
	BC/BS of Michigan Mutual		20-1117107				LifeSecure Holdings Corporation.		DS	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Ownership		Blue Cross Blue Shield of Michigan Mutual Insurance Company	,	
	BC/BS of Michigan Mutual		75-0956156				LifeSecure Hordings Corporation.	AZ		LifeSecure Holdings	Ownership		Blue Cross Blue Shield of Michigan Mutual Insurance Company		

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
						Name of Securities					Type of Control (Ownership,				
						Exchange if			Relationship		Board.	If Control is		Is an SCA	
		NAIC				Publicly	Names of		to		Management,	Ownership		Filing	
Group		Company	ID	Federal		Traded (U.S. or		Domiciliary		Directly Controlled by	Attorney-in-Fact,	Provide	Ultimate Controlling	Required?	
Code	Group Name	Code	Number	RSSD	CIK	International)	or Affiliates	Location	Entity	(Name of Entity/Person)	Influence, Other)		Entity(ies)/Person(s)	(Y/N)	*
Oode	Croup reame	Oouc	Number	TOOD	Ont	international)	Of Attitudes	Location	Littly	(Name of Entry/1 cross)	milderice, Other)	r crocinage	Blue Cross Blue	(1/14)	
										Blue Cross Blue Shield of			Shield of Michigan		
	BC/BS of Michigan Mutual									Michigan Mutual Insurance			Mutual Insurance		
00572	Insurance Co.	95610	38-2359234				Blue Care Network of Michigan	MI	DS	Company	Ownership	100.0	Company	l N	
													Blue Cross Blue		
										Blue Cross Blue Shield of			Shield of Michigan		
	BC/BS of Michigan Mutual						Michigan Medicaid Holdings			Michigan Mutual Insurance			Mutual Insurance		
00572	Insurance Co.	00000	45-3854611				Company	M I	DS	Company	Ownership	100.0	Company	N	
							' *			' '	'		Blue Cross Blue	İ	
													Shield of Michigan		
	BC/BS of Michigan Mutual						Blue Cross Complete of Michigan			Michigan Medicaid Holdings			Mutual Insurance		
00572	Insurance Co	11557	47 - 2582248				LLC	MI	DS	Company	Ownership	50.0	Company		
											·		Blue Cross Blue		
													Shield of Michigan		
	BC/BS of Michigan Mutual												Mutual Insurance		
00572	Insurance Co	00000	. 38-3134881				BCN Service Company	MI	DS	Blue Care Network of Michigan	Ownership	100.0	Company	N	
													Blue Cross Blue		
										Blue Cross Blue Shield of			Shield of Michigan		
	BC/BS of Michigan Mutual						<u></u>			Michigan Mutual Insurance			Mutual Insurance	ll	
00572	Insurance Co	52037	. 38-2536979				Blue Care of Michigan, Inc	MI	DS	Company	Ownership	100.0	Company	N	
													Blue Cross Blue		
	DO /DO of Michigan Material						Disco Osses and Disco Object of						Shield of Michigan		
00572	BC/BS of Michigan Mutual Insurance Co.	00000	38-2338506				Blue Cross and Blue Shield of	MI	DS	Dive Core of Michigan Inc	O	100.0	Mutual Insurance		
00572	Insurance co	00000	. 38-2338300				Michigan Foundation	JVI I	DS	Blue Care of Michigan, Inc	ownership	100.0	CompanyBlue Cross Blue		
										Blue Cross Blue Shield of			Shield of Michigan		
	BC/BS of Michigan Mutual						Woodward Straits Insurance			Michigan Mutual Insurance			Mutual Insurance		
00572	Insurance Co.	15640	47 - 2221114				Company	MI	DS	Company	Ownership	100.0	Company	l N	
00012	Trisurance co	10040	. 41 -222 4				l Company			l Golliparry	O#IIG13111P	100.0	Blue Cross Blue	1	
										Blue Cross Blue Shield of			Shield of Michigan		
	BC/BS of Michigan Mutual									Michigan Mutual Insurance			Mutual Insurance		
00572		00000	81-3438452				COBX Co	MI	NIA	Company	Ownership		Company	l N	
000, 2			0.000002							Journal 1			Blue Cross Blue	1'\	
										Blue Cross Blue Shield of			Shield of Michigan		
	BC/BS of Michigan Mutual						Visiant Holdings, Inc (formerly			Michigan Mutual Insurance			Mutual Insurance		
00572	Insurance Co.	00000	47 - 5653683				SBBX Co)	M1	NIA	Company	Ownership	100.0	Company	l y	
]							, ,	,		Blue Cross Blue		
													Shield of Michigan		
	BC/BS of Michigan Mutual									Visiant Holdings, Inc			Mutual Insurance		
00572	Insurance Co.	00000	11-3738370				ikaSystems Corporation	DE	NIA	(formerly SBBX Co)	Ownership	100.0	Company]N	
	BC/BS of Michigan Mutual									, ,	,		, ,		
00572	Insurance Co	00000	58-1767730				NASCO Corporation	GA	NIA		Ownership	19.5		N	
	BC/BS of Michigan Mutual														
00572	Insurance Co	00000	27 - 1038374				BH Assets, LLC	DE	NIA		Ownership	28.7		N	

1	2	3	4	5	6	7		9	10		12	13	14	15	16
'	2	3	4	5	O	Name of	°	9	10		Type of Control	13	14	15	16
						Securities					(Ownership,			l	
		NAIC				Exchange if Publicly	Names of		Relationship to		Board, Management,	If Control is Ownership		Is an SCA Filing	
Group		Company	ID	Federal		Traded (U.S. or	Parent, Subsidiaries	Domiciliary		Directly Controlled by	Attorney-in-Fact,	Provide	Ultimate Controlling	Required?	
Code	Group Name	Code	Number	RSSD	CIK	International)	or Affiliates	Location	Entity	(Name of Entity/Person)			Entity(ies)/Person(s)	(Y/N)	*
										Division Division of			Blue Cross Blue		
	BC/BS of Michigan Mutual									Blue Cross Blue Shield of Michigan Mutual Insurance			Shield of Michigan Mutual Insurance		
00572	Insurance Co.	00000	45-1259278				EIN Properties LLC	MI	NIA	Company	Ownership	40.0	Company	l N	
													Blue Cross Blue		
	DC/DC of Michigan Mutual						Tanan Hata Haldinaa HC			Blue Cross Blue Shield of			Shield of Michigan		
00572	BC/BS of Michigan Mutual Insurance Co.	00000	47 - 4522025				Tessellate Holdings, LLC (formerly DDDS, Holdings, LLC)	DE.	NIA	Michigan Mutual Insurance Company	Ownership.	70 1	Mutual Insurance Company	l N	
00072	mour and o do	00000	47 4022020				(Tormorry bbbo, nordrigg, EEg)	⊅∟	1		. o willor oll i p		Blue Cross Blue		
										Tessellate Holdings, LLC			Shield of Michigan		
00572	BC/BS of Michigan Mutual Insurance Co	00000	45 - 3742721				Tagget Late LLC (dbg DDDC)	DE	NIA	(formerly DDDS, Holdings, LLC)	.Ownership	100.0	Mutual Insurance	N	
00372	BC/BS of Michigan Mutual	00000	43-3/42/21				Tessellate, LLC (dba DDDS)	DE	N I A	- LLG)	ownership	100.0	Company		
00572	Insurance Co	00000	45-1062167				NDBH Holding Company, LLC	MO	NIA		Ownership	10.0		N	
													Blue Cross Blue		
	BC/BS of Michigan Mutual						New Directions Behavioral						Shield of Michigan Mutual Insurance		
00572	Insurance Co	00000	43-1698690				Health, LLC	MO	NIA	NDBH Holding Company, LLC	Ownership	99.0	Company	N	
													BCBSM and IBC MH		
00572		00000	30-0703311				BMH LLC	DE	NIA	BC MH LLC	. Ownership	38.7	LLCBCBSM and IBC MH	N	
00000		00000	38-3946080				BMH SUBCO I LLC.	DE	NIA	BMH LLC.	Ownership.	38.7	LLC	lN.	
											'		BCBSM and IBC MH		
00000		00000	80-0768643				BMH SUBCO II LLC	DE	NIA	BMH LLC	.Ownership	38.7	LLCBCBSM and IBC MH	N	
00000		00000	45-5415725				AmeriHealth Caritas Services, LLC	DE	NIA	BMH LLC	Ownership	38.7	IIIC	l N	
											. o willor oll i p		BCBSM and IBC MH		
00000		00000	23-2859523				AmeriHealth Caritas Health Plan.	PA	NIA	BMH SUBCO I LLC	Ownership	19.4	LLC	N	
00000		00000	23-2859523				AmeriHealth Caritas Health Plan	PA	NIA	BMH SUBCO II LLC.	Ownership.	19.4	BCBSM and IBC MH	l N	
00000		00000	20-2009020				AmeriHealth Caritas health Flan.	J /\		AmeriHealth Caritas Health			BCBSM and IBC MH		
00000		14143	27 - 3575066				Inc.	LA	I A	Plan	Ownership	38.7	LLC	N	
00000		95458	57 - 1032456				Select Health of South Carolina. Inc.	SC	IA	AmeriHealth Caritas Health Plan	Ownership	38.7	BCBSM and IBC MH LLC	M	
00000		JJ4J0	01 - 1002400				AmeriHealth Caritas Georgia,	ას	A	AmeriHealth Caritas Health	1 041161 9111h		BCBSM and IBC MH	JN	
00000		14692	20-2467931				Inc	GA		Plan	Ownership	38.7	LLC	N	
00000		00000	00 4040004				AmeriHealth Caritas Indiana,			AmeriHealth Caritas Health		00.7	BCBSM and IBC MH		
00000		00000	20-4948091				LLC	IN	NIA	PlanAmeriHealth Caritas Health	Ownership	38.7	BCBSM and IBC MH	N	
00000		15800	47 - 3923267				AmeriHealth Caritas Iowa, Inc	IA	I A	Plan	Ownership	38.7	LLC	N	
20055			00 40055:-							AmeriHealth Caritas Health	,		BCBSM and IBC MH		
00000		00000	26 - 1809217				Perform RX IPA of New York, LLC.	NY	NIA	Plan AmeriHealth Caritas Health	Ownership	38.7	BCBSM and IBC MH	N	
00000		00000	26-1144363				AMHP Holdings Corp	PA	NIA	Plan	Ownership.	38.7	LLC	l N	
							Community Behavioral Healthcare	İ			'		BCBSM and IBC MH		
00000		00000	25-1765391				Network of Pennsylvania, Inc	PA	NIA	AMHP Holdings Corp	Ownership	38.7	LLC	l	

41.3

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
						Name of Securities					Type of Control (Ownership,				
						Exchange if			Relationship		Board,	If Control is		Is an SCA	
		NAIC				Publicly	Names of		to	1	Management,	Ownership		Filing	
Group		Company	ID	Federal		Traded (U.S. or		Domiciliary	Reporting	Directly Controlled by	Attorney-in-Fact,	Provide	Ultimate Controlling		
Code	Group Name	Code	Number	RSSD	CIK	International)	or Affiliates	Location	Entity	(Name of Entity/Person)	Influence, Other)	Percentage	Entity(ies)/Person(s)	(Ý/N)	*
										Community Behavioral					
										Healthcare Network of			BCBSM and IBC MH LLC		
00000		13630	26-0885397				CBHNP Services, Inc	PA	IA	Pennsylvania, Inc	Ownership	38.7	LLC	. N .	
00000		4.4070	45 4000000					-		AmeriHealth Caritas Health		40.4	BCBSM and IBC MH		
00000		14378	45-4088232				Florida True Health, Inc	FL	A	Plan	Ownership	19.4	LLC	. N .	
00000		00000	47 5500040				AmeriHealth Caritas Virginia,	V/A	1.4	AmeriHealth Caritas Health	Ownership.	38.7	BCBSM and IBC MH	I ,	
00000		. 00000	47 - 5566319				Inc	VA	I A	Plan	. ownership	38.7	BCBSM and IBC MH	- ^N -	
00000		00000	37 - 1752699				FTH Clinic, LLC	FI	NIA	Florida True Health, Inc	Ownership	19.4	DUDOW AND THE WIT	l M	
00000		. 00000	31 - 17 32099					J L		Troffua frue fleattif, filo	. Owner sirip	13.4	BCBSM and IBC MH	·[············]·	
00000		00000	61-1720226				Community Care of Florida, LLC	FL	NIA	Florida True Health, Inc	Ownership.	9.9	IIC	l M	
00000			01-1720220				AmeriHealth District of			AmeriHealth Caritas Health			BCBSM and IBC MH	1	
00000		15088	46-1482013				Columbia, Inc	DC	IA	Plan	Ownership	38.7	IIC	l N	
		1.0000	10 1102010							AmeriHealth Caritas Health			BCBSM and IBC MH	1	
00000		15104	46-0906893				AmeriHealth Michigan, Inc	MI	I A	Plan	Ownership	38.7	LLC	.l	
1 1							AmeriHealth Caritas Óklahoma,			AmeriHealth Caritas Health	'		BCBSM and IBC MH LLC	i i	
00000		00000	81-4458766				Inc	0K	NIA	Plan	Ownership	38.7	LLC	. N	
										AmeriHealth Caritas Health			BCBSM and IBC MH		
00000		14261	45-3790685				AmeriHealth Nebraska, Inc	NE	A	Plan	Ownership	27 . 1	LLC	. N .	
1										AmeriHealth Caritas Health			BCBSM and IBC MH		
00000		. 00000	27 - 0863878				PerformRx, LLC	PA	NIA	Plan	Ownership	38.7	LLC	. N .	
00000		00000	04 4700440				D (0 : 11 110	B.		D (D 110		00.7	BCBSM and IBC MH LLC		
00000		00000	61-1729412				PerformSpecialty, LLC	PA	NIA	PerformRx, LLC	Ownership	38.7	BCBSM and IBC MH	. N .	
00000		00000	23-2842344				Keystone Family Health Plan	PA	NIA	BMH SUBCO I LLC	Ownership.	19.4	BORSM and IRC MH	I	
00000			23-2042344				rkeystone ranning nearth Fian <u></u>		NIA	DIVIN SUBCUT LLC	. Ownerstrip	19.4	BCBSM and IBC MH	· ···········	
00000		00000	23-2842344				Keystone Family Health Plan	PA	NIA	BMH SUBCO II LLC	Ownership	19.4	TIC	NI NI	
00000			20-2042044				Blue Cross Complete of Michigan	r	NI/\	AmeriHealth Caritas Health	. O #1161 9111 p		BCBSM and IBC MH	1	
00000		11557	47 - 2582248				III C	MI	IA	Plan	Ownership	19.4	LLC.	l N	
			2002210								or on p			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
]					1	

Asterisk	Explanation

SCHEDULE Y

PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7 Income/	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments		Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
54291	38-2069753	Blue Cross Blue Shield of Michigan Mu.	17,500,000	(80,716,620)		` ′	1,797,639,365	29,899,387		(34,150,000)	1,730,172,132	22,733,765
95610	38 - 2359234	Blue Care Network of Michigan		,			(1,494,775,288)	(39,896,129)		(190,287)	(1,534,861,704)	(8,426,765)
52037	38 - 2536979	Blue Care of Michigan, Inc.					(195,614)	(13,863)		[(209,477)	
00000	27 - 0521030	Blue Care of Michigan, Inc	16,500,000				(12,476,682)	\	<u> </u>		4.023.318	
10166	38-3207001	Accident Fund Insurance Company of Ameri	(26,500,000)				58.057.251		*		31.557.251	584,286,055
12304	20-3058200	Accident Fund General Insurance Company					(88.505.554)		*		(88,505,554)	(272,622,933)
12305	20-3058291	Accident Fund National Insurance Company					(44.257.866)		*	1	(44, 257, 866)	(88, 208, 706)
10713	36-4072992	Third Coast Insurance Company					(76,065)		ļ		(76,065)	
29157	39-0941450	United Wisconsin Insurance Company					46 , 086 , 167		*		46 , 086 , 167	(132, 133, 871)
00000	38-3134881	IBCN Service Company					(375,998,693)		ļ		(375,998,693)	
00000 11557	45-1259278	EIN Properties LLC.					11,011,196		ļ		11,011,196	
11557	47 - 2582248	Blue Cross Complete of Michigan LLC					(57, 639, 167)		ļ	190,287	(57, 448, 880)	
00000	38-2338506	Blue Cross Blue Shield of Michigan Fo.					(1,191,868)		ļ	<u> </u>	(1,191,868)	
	20-1117107	CompWest Insurance Co.					(13,717,336)		*	ļ	(13,717,336)	(91, 320, 545)
77720	75-0956156	LifeSecure Insurance Company		16,000,000			5,247,893		ļ		21,247,893	
00000	58 - 1767730	NASCO Corporation					76, 153, 560				76, 153, 560	
00000	23-2859523	AmeriHealth Caritas Health Plan.					41.725.416		ļ		41,725,416	
	27 - 0863878	PerformRx, LLC					4,481,319		ļ		4,481,319	
00000	45-3742721	Tessellate, LLC					7,455,499		ļ		7 , 455 , 499	
00000	47 - 2221114	Woodward Straits Insurance Company.	(7,500,000)				6,347,554	10,010,605	<u> </u>		8,858,159	(14,307,000)
00000		AF Global Capitol, Ltd					(5,114,494)		<u> </u>		(5, 114, 494)	
00000	11-3738370	likaSvstems							<u> </u>	34 , 150 , 000	64,048,537	
00000	61-1729412	PerformSpecialty, LLC					9,844,870		<u> </u>		9,844,870	
00000	20-1420821	LifeSecure Holdings Corporation.							ļ		0	
00000	45-3854611	Michigan Medicaid Holdings Company									0	
00000	81-3438452	COBX Co.							ļ		0	
00000	47 - 5653683	Visiant Holdings, Inc (formerly SBBX Co)							ļ		0	
00000	47 - 4522025	Tessellate Holdings, LLC									0	
00000	30-0703311	BMH LLC		64,716,620					ļ		64,716,620	
9999999	Control Totals		0	0	0	0	0	0	XXX	0	0	0

Accident Fund Ins. Co. of America 76.50%

United Wisconsin Ins. Co. 9.5%

Accident Fund National Ins. Co. 6%

Accident Fund General Ins. Co. 4%

CompWest Insurance Company 4%

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of **WAIVED** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

interro	gatory questions.	
4	MARCH FILING	Responses
1.		YESYES
2. 3.		YES
3. 4.		YESYES
٦.	APRIL FILING	, LO
5.		YES
6.		YES
7.		YES
	JUNE FILING	
8.	Will an audited financial report be filed by June 1?	YES
9.	Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	YES
	AUGUST FILING	
10.	Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1?	YES
which t	lowing supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transacthe special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar complement is required of your company but is not being filed for whatever reason, enter SEE EXPLANATION and provide an explanation following instance.	de will be printed below. If
	MARCH FILING	
11.		N0
12.	Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	N0
13.		N0
14.	·	NO
15.	, ,	N0
16.	Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	N0
17.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	N0
18.	Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	N0
19.	Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	N0
20.	Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed with electronically with the NAIC by March 1?	N0
	APRIL FILING	
21.		N0
22.		N0
23.		N0
24.		N0
25.	Will the regulator only (non-public) Supplemental Health Care Exhibit's Allocation Report be filed with the state of domicile and the NAIC by April 1?	N0
	AUGUST FILING	
26.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	N0
Explar	nation:	
11.		
12.		
13.		
14.		
15.		
16.		
17.		
18.		
10		

20.

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

23 26 Bar code:

21

OVERFLOW PAGE FOR WRITE-INS

M004 Additional Aggregate Lines for Page 04 Line 14. *REVEX1 - Statement of Revenue and Expenses

	1	2	3
	Uncovered	Total	Total
1404. Consumer Incentives		615,927	346,463
1405. Health Ed. and Pop. Mgmnt		48	<u> </u>
1497. Summary of remaining write-ins for Line 14 from Page 04	0	615,975	346,463

M014 Additional Aggregate Lines for Page 14 Line 25. *EXEXP - Underwriting and Investment Exhibit - Part 3

	1	2	3	4	5
	Cost	Other Claim	General		
	Containment	Adjustment	Administrative	Investment	
	Expenses	Expenses	Expenses	Expenses	Total
2504. Donations	24,121	0	85,520		109,641
2505. Purchased Services	67,536	0	152,527		220,063
2507 Summary of remaining write ine for Line 25 from Page 14	01 657	۱ ۱	238 047	۸	320 704

OVERFLOW PAGE FOR WRITE-INS

M007 Additional Aggregate Lines for Page 07 Line 13. *ANAOPS - Analysis of Operations by Lines of Business

	1	2	3	4	5		7	8	9	10
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	6 Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1304. Consumer Incentives	615,927							615,927		
1305. Health Ed. and Pop. Mgmnt	48							48		
1397. Summary of remaining write-ins for Line 13 from page 7	615,975	0	0	0	0	0	0	615,975	0	

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